

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013756

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 324

Primary Registration District No. 6083

Registrar's No. 55

FILED MAR 10 1962

VS 300  
Rev. 4/59

1 0970

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nelson</u>		Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>Nelson</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home Nelson Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Street not numbered</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HERBERT</u> Middle <u>VAN BUREN</u> Last <u>JEFFRESS</u>		4. DATE OF DEATH Month <u>March</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-29-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	9. AGE (last birthday) <u>85</u> IF UNDER 1 YEAR Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) <u>Saline County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jessie V. Jeffress</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hazelwood</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Nellie Jeffress</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Mrs. Nellie Jeffress Nelson Mo.</u>		17. ADDRESS <u>Mrs. Nellie Jeffress Nelson Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vas Accident</u> DUE TO (b) <u>Cerebral Vas Thrombosis</u> DUE TO (c) <u>Atherosclerosis of the Arteries 20 yr</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Chronic Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 weeks</u> <u>20 yr</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>10</u> a.m. p.m. Month, Day, Year <u>Mar 14 1962</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Marshall, Missouri</u>		COUNTY <u>Saline</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>1959</u> to <u>Mar 14 62</u> and last saw her alive on <u>Mar 17 1962</u> Death occurred at <u>10:45 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Dr. Samuel L. Marshall</u>	
22b. ADDRESS <u>Marshall, Missouri</u>		22c. DATE SIGNED <u>3-15-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-16-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Nelson, Missouri</u>	
24. FUNERAL DIRECTOR <u>Jack W. Meser</u>		25. DATE RECD. BY LOCAL REG. <u>3-16-62</u>	
26. REGISTRAR'S SIGNATURE <u>Cecil G. Read</u>		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 23 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jack W. Reser*

Licensed Embalmer No.

*4643*

P. O. Address

*Marshall, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.